

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	214516634						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 1.) CORPORATION NAME:  <b>UNIVERSITY OF VIRGINIA LAW SCHOOL</b>  <b>ALUMNIASSOCIATION</b>  2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>LUIS ALVAREZ JR</b>  <b>UNIVERSITY OF VA SCHOOL OF LAW</b>  <b>580 MASSIE RD</b>   <b>CHARLOTTESVILLE, VA</b>   3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>CHARLOTTESVILLE CITY</b>   4.) STATE OR COUNTRY OF INCORPORATION:  <b>VA</b> </div> <div style="width: 35%;"> DUE DATE: <b>4/30/2014</b>   SCC ID NO: <b>03200417</b>   5.) STOCK INFORMATION  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED				
CLASS	AUTHORIZED							
6.) PRINCIPAL OFFICE ADDRESS:  <div style="text-align: center;"> ADDRESS: 580 MASSIE ROAD   CITY/ST/ZIP: CHARLOTTESVILLE, VA 22903-1789 </div>								
7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: PATRICIA MERRILL  TITLE: PRESIDENT  ADDRESS: 6620 WEST BROAD ST  CITY/ST/ZIP/CO: RICHMOND, VA 23230-1716 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 5%; text-align: center; vertical-align: middle;">X</td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: PATRICIA MERRILL TITLE: PRESIDENT ADDRESS: 6620 WEST BROAD ST CITY/ST/ZIP/CO: RICHMOND, VA 23230-1716	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	X	DIRECTOR
NAME: PATRICIA MERRILL TITLE: PRESIDENT ADDRESS: 6620 WEST BROAD ST CITY/ST/ZIP/CO: RICHMOND, VA 23230-1716	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	X	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: JANET SCHWITZER NOLAN  TITLE: 2ND VP  ADDRESS: 9029 BRANSON DR  CITY/ST/ZIP/CO: POTOMAC, MD 20854 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 5%; text-align: center; vertical-align: middle;">X</td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: JANET SCHWITZER NOLAN TITLE: 2ND VP ADDRESS: 9029 BRANSON DR CITY/ST/ZIP/CO: POTOMAC, MD 20854	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	X	DIRECTOR
NAME: JANET SCHWITZER NOLAN TITLE: 2ND VP ADDRESS: 9029 BRANSON DR CITY/ST/ZIP/CO: POTOMAC, MD 20854	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	X	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: H SADLER POE  TITLE: 1ST VP  ADDRESS: 580 MASSIE ROAD  CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22903 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 5%; text-align: center; vertical-align: middle;">X</td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: H SADLER POE TITLE: 1ST VP ADDRESS: 580 MASSIE ROAD CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22903	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	X	DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: LAURA M MONROE  TITLE: AS/T  ADDRESS: LAW SCHOOL ALUMNI ASSOCIATION  CITY/ST/ZIP/CO: 580 MASSIE ROAD  CHARLOTTESVILLE, VA 22903 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 5%; text-align: center; vertical-align: middle;">X</td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: LAURA M MONROE TITLE: AS/T ADDRESS: LAW SCHOOL ALUMNI ASSOCIATION CITY/ST/ZIP/CO: 580 MASSIE ROAD CHARLOTTESVILLE, VA 22903	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	X	DIRECTOR
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NAME:	Rolin P Bissell	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	The Brandywine Building, 17th Floor 1000 West St. PO Box 391		
CITY/ST/ZIP/CO:	Wilmington, DE 19899-0391		
NAME:	J Goodwin Bland	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	399 Park Ave		
CITY/ST/ZIP/CO:	New York, NY 10022-4689		
NAME:	Tillman J Breckenridge	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	Suite 1100 East Tower 1301 K St, NW		
CITY/ST/ZIP/CO:	Washington, D.C, DC 20005-3317		
NAME:	Jeffrey B Dierman	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	Suite 401 1313 Dolley Madison Blvd		
CITY/ST/ZIP/CO:	McLean, VA 22101		
NAME:	John Duffy	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	580 Massie Rd		
CITY/ST/ZIP/CO:	Charlottesville, VA 22903		
NAME:	George S Geis	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	580 Massie Rd		
CITY/ST/ZIP/CO:	Charlottesville, VA 22903		
NAME:	Karen Owen Gibbs	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	227 West Monroe St		
CITY/ST/ZIP/CO:	Chicago, IL 60606-5055		
NAME:	David H Ibbeken	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	President Emer.		
ADDRESS:	580 Massie Rd		
CITY/ST/ZIP/CO:	Charlottesville, VA 22903		
NAME:	Elizabeth Finn Johnson	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	One Coca-Cola Plaza PO Drawer 1734		
CITY/ST/ZIP/CO:	Atlanta, GA 30301-1734		
NAME:	James J Lee	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	Suite 3700 Trammell Crow Center 2001 Ross Ave		
CITY/ST/ZIP/CO:	Dallas, TX 75201-2965		
NAME:	Charles A McKenna, Jr.	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	Suite 300 19762 Macarthur Blvd		
CITY/ST/ZIP/CO:	Irvine, CA 92612-2498		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	James F Neale CHAIRMAN Suite 300 310 4th St, NE PO Box 1288 Charlottesville, VA 22902-5299	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Ford C O'Connell CHAIRMAN Apt 8C 1155 23rd St, NW Washington, DC, DC 20037-3310	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Julie A Petruzzelli CHAIRMAN 901 New York Ave,NW Washington, DC, DC 20001-4432	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Christopher D Ray CHAIRMAN Suite 1100 5221 N O Irving, TX 75039	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Stephanie L Stephens CHAIRMAN 1662 Rugby Ave Atlanta, GA 30337	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Martha A Warthen CHAIRMAN Riverfront Plaza, East Tower 951 East Byrd St Richmond, VA 23219-4040	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Jasmine H Yoon CHAIRMAN 2100 Jamieson Ave Alexandria, VA 22314	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ LUIS ALVAREZ JR SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LUIS ALVAREZ JR, S/T PRINTED NAME AND CORPORATE TITLE	3/28/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			